

BAY-310

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FEB 24 1999

GROUP 1700

In re Patent Application of

BAYCHAR

Serial No. 08/910,115

Group Art Unit: 3408

Filed: August 13, 1997

Examiner:

For: WATERPROOF/BREATHABLE TECHNICAL APPAREL

Papers Filed Herewith:

Transmittal Letter;
PRELIMINARY AMENDMENT; and
Check No. 5455 in the amount of \$44.00 in payment
of Additional Claims Fee.



Receipt is hereby acknowledged of the papers filed, as
identified in connection with the above-identified patent
application.

COMMISSIONER OF PATENTS AND TRADEMARKS

In RE application of BAYCHAR

Serial No.: 08/910,115

Filed: August 13, 1997

For: WATERPROOF/BREATHABLE TECHNICAL APPAREL



Group Art Unit: 3408

Examiner:

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SEP 30 1998
Group 3700

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 24	Minus	** 20	=	4
Indep.	* 3	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 11	\$ 44
x 41	\$ 0
+ 135	\$ 0
Total	\$ 44

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
x 22	\$
x 82	\$
+ 270	\$
Total	\$

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 02-1540 in the amount of \$ _____.
A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$ 44.00 is attached in payment of:
Additional Claims Fee
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1540. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: September 22, 1998